

DEPARTMENT OF HEALTH SERVICES

714/744 P Street
P.O. Box 942732
Sacramento, CA 94234-7320
(916) 657-2941



March 14, 2000

TO: All County Welfare Directors
All County Administrative Officers
All County Medi-Cal Program Specialists/Liaisons
All County Public Health Directors
All County Mental Health Directors

Letter No.: 00-12

SETTLEMENT IN THE CASE OF ROCIO R. V. BELSHÉ

The purpose of this All County Welfare Directors Letter is to notify counties of a settlement in the class action case of Rocio R. v. Belshé. Under the terms of the settlement, the Department of Health Services (DHS) may not seek repayment of Medi-Cal benefits that were legitimately received. Under terms of the settlement of this case, a notice was sent to specific individuals who were told they owed DHS money. A copy of the notice is enclosed for your information. A second notice, to those who have not responded, is anticipated. You will receive an informational copy should this occur. Counties should note that claims in response to these notices are sent directly to state DHS's staff for response. County welfare offices should not be affected by issuance of these notices. However, if a claimant asks for help, counties should direct them to call plaintiff's counsel Ms. Rosemary Bishop at (619) 233-7263, fax (619) 233-4828 or Mr. Charles Wolfinger at (858) 272-8115, fax (858) 272-0069, and to send the completed claim form to the address indicated on the form. Ms. Bishop speaks Spanish, and her address is 303 "A" Street, Suite 310, San Diego, California 92101. Mr. Wolfinger's address is 4662 Cass Street, San Diego, California 92109.

In addition to the notices described above, under the terms of the settlement, DHS may not advise Medi-Cal applicants or beneficiaries on the interpretation or application of Immigration and Naturalization Service (INS) rules or regulations, or the effect that receipt of Medi-Cal may have on a person's immigration status.

In accordance with long-standing Medi-Cal policies, county welfare departments must not provide advice to Medi-Cal applicants or beneficiaries on matters relating to federal immigration policies. Applicants or beneficiaries who have questions about their immigration status (or about the effect that receipt of Medi-Cal will have on immigration status) should be advised to contact an immigration lawyer or a local legal aid organization for advice.

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Page 2

In addition, county Medi-Cal staff must not distribute any information materials on public charge with the exception of official INS documents that have been reviewed and approved for distribution by the California DHS. To date, DHS has reviewed and approved the following INS documents for distribution:

- A Quick guide to Public Charge and Receipt of Public Benefits
October 18, 1999
- A Quick Guide to Public Charge and Receipt of Public Benefits
(California Edition) November 4, 1999
- Public Charge Fact Sheet May 25, 1999
- Public Charge Questions and Answers May 25, 1999

All of these documents are available on the INS web site at: www.ins.usdoj.gov in the public information section of the public affairs page. Please note that if counties choose to distribute these documents to Medi-Cal applicants or beneficiaries, they must be distributed in their entirety. Do not distribute excerpts or portions of these documents.

If you have additional questions regarding this matter, please contact Mr. John Zapata of my staff at (916) 657-0725.

ORIGINAL SIGNED BY

Angeline Mrva, Chief
Medi-Cal Eligibility Branch

Enclosure

DEPARTMENT OF HEALTH SERVICES

110 West A Street

San Diego, CA 92101

YOUR RIGHTS UNDER THE ROCIO R. COURT ORDER

In August 1998, we sent you a notice of a proposed settlement in a lawsuit called Rocio R. v. Belshé, CV 97-463-JM (LAB) (S.D. Cal.). On November 2, 1998, a federal court issued an order approving the settlement. The order told us, the California Department of Health Services (DHS), to send you this letter about your rights.

Read all of this letter very carefully. These are your rights under the order:

1. YOU DO NOT HAVE A DEBT FOR PAST MEDI-CAL.

In the past, we gave you an inaccurate letter that said you owed us (DHS) money for Medi-Cal benefits you received. That letter was not correct. ~~You do not~~ have to pay back Medi-Cal benefits if you were eligible for them.

2. YOU CAN GET A REFUND OF MONEY YOU PAID SINCE MARCH 19, 1996.

We have to refund any money you paid us (DHS) since March 19, 1996 until the present. If our records show that you paid us, there is a refund form with this notice. It tells you how to apply for a refund. If you repaid and there is no form with this notice, write to us at:

Department of Health Services
110 West A Street, 7th Floor
San Diego, CA 92101

and ask for a Rocio R. refund form. You must send us the refund form within 180 days of the postmark date of this notice.

READ THE REST OF THIS LETTER FOR MORE INFORMATION.

3. OUR LETTER MAY HAVE INCORRECTLY SAID YOU WERE NOT ELIGIBLE FOR MEDI-CAL.

In the past, we gave you a letter which may have incorrectly told you that you were not eligible for Medi-Cal. Did you stop your Medi-Cal because of that letter? If so, you may reapply for Medi-Cal for the future or to cover past bills for yourself or your family. To reapply for Medi-Cal, go to your local welfare office. Your new application will cover bills up to three months before the date you apply.

Do you have bills more than three month old? To ask for Medi-Cal to cover bills for more than three months ago, you must file a request for a fair hearing within 90 days after getting this notice. You can request a hearing at your local welfare office. Call your local legal aid office if you need help.

4. WE CANNOT GIVE YOU ADVICE ABOUT YOUR IMMIGRATION CASE AND WE WILL NOT TELL THE INS THAT YOU ARE PART OF THIS CASE.

The court says that we may not give you advice about whether receiving Medi-Cal could ever affect your immigration case. If you have any questions about it, you should consult an immigration attorney or accredited organization.

The court says that we must keep confidential the identities of people who get this notice or who request or get refunds. We will not report this information to the INS.

Rocio R.'s attorneys recommend that you consult an immigration attorney or accredited organization if you have questions about your immigration status before you consider showing this notice to the INS for any reason.

DO YOU HAVE QUESTIONS OR WANT HELP WITH MEDI-CAL OR IMMIGRATION ISSUES? ROCIO R.'s ATTORNEYS SUGGEST THAT YOU MAY BE ABLE TO GET FREE OR LOW COST ASSISTANCE FROM YOUR LOCAL LEGAL AID OFFICE OR IMMIGRANTS' RIGHTS ORGANIZATION.

DO NOT WRITE TO DHS FOR ADVICE ABOUT IMMIGRATION.

DEPARTMENT OF HEALTH SERVICES

110 West A Street
San Diego, CA 92101



REFUND NOTICE

Rocio R. v. Belshé

The California Department of Health Services (DHS), is required by the court order in this case to refund any money you paid us from March 19, 1996 to the present.

WHAT SHOULD YOU DO?

Did you pay us any money since March 19, 1996? If so, do the following:

1. Fill out the attached Refund Claim Form completely, including your signature. If you are not sure of the exact amount of payment or the date you paid, put in your best estimates.
2. It would help if you sent us copies (don't send originals) of any canceled checks or money orders or the letter from us of your payment. However, you do not have to send us more proof that you paid us to get the refund.
3. Mail the Refund Claim Form to DHS in the enclosed self-addressed envelope. Your Refund Claim Form must be postmarked (mailed) within 180 days after the postmark date on the envelope in which we mailed this notice.

WHAT WILL DHS DO?

DHS will send you a refund within 120 days after getting your Refund Claim Form if our records confirm the information.

Or we will send you a Notice Of Denial, telling you why we denied your claim and how you can ask us for a hearing to dispute our denial.

DHS will not tell INS anything about your refund claim or about any refund we give you.

If you have any questions about your immigration status, you should consult an immigration attorney, an accredited organization or legal aid office. Do not call DHS. We can not give you immigration advice.

DEPARTMENT OF HEALTH SERVICES

110 West A Street
San Diego, CA 92101



REFUND CLAIM FORM

Rocio R. v. Belshé

Name: _____

Address: _____

City: _____ State: _____ Country: _____

Zip Code: _____ Check if new address: _____

Amount(s) Repaid to DHS: \$ _____

Date(s) of Payment: \$ _____

I declare under penalty of perjury that the foregoing is true and correct.

Signature_____
Date

Use the enclosed self-addressed envelope or mail this form to DHS at:

Department of Health Services
110 West A Street, 7th Floor
San Diego, CA 92101

IMPORTANT: YOU MUST MAIL THIS REFUND CLAIM FORM BACK TO US
WITHIN 180 DAYS AFTER THE POSTMARK ON THE ENVELOPE
WITH THIS NOTICE OR YOUR CLAIM WILL BE DENIED.